



# CITY OF RIALTO COMMISSION/STUDENT COMMISSION APPLICATION

CITY CLERK'S DATE STAMP

*Please print in ink or type all information required*

**APPLICANT INFORMATION:**

HIGH SCHOOL STUDENT? ☐ YES

FULL NAME

HOME ADDRESS, CITY, STATE & ZIP

( )  
HOME TELEPHONE NO.

( )  
ALTERNATE TELEPHONE NO.

EMAIL: \_\_\_\_\_

COMMISSION APPLYING FOR

WOULD YOU BE WILLING TO SERVE ON A COMMISSION YOU HAVE NOT APPLIED FOR? ☐ YES ☐ NO

DRIVERS LICENSE NUMBER

EXPIRATION DATE

AS AN ADULT, HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION?  
IF "YES", PLEASE EXPLAIN BELOW. ☐ YES ☐ NO

PERSON TO NOTIFY IN AN EMERGENCY

NAME

PHONE NUMBER

**EDUCATION (Circle Highest Year Completed)**    7    8    9    10    11    12

DID YOU GRADUATE? ☐ YES ☐ NO

DID YOU RECEIVE A GED? ☐ YES ☐ NO

NAME OF COLLEGE OR UNIVERSITY	MAJOR	MINOR
	UNITS COMPLETED: SEMESTER _____ QUARTER _____	DEGREE AND YEAR
GRADUATE WORK – COLLEGE OR UNIVERSITY	MAJOR FIELD	DEGREE AND YEAR

## **CITY OF RIALTO COMMISSION APPLICATION PART 2**

**ARE YOU A REGISTERED VOTER IN THE CITY OF RIALTO?**

☐ YES

☐ NO

**ARE YOU WILLING TO BE FINGERPRINTED AND UNDERGO A BACKGROUND INVESTIGATION CONDUCTED  
BY THE RIALTO POLICE DEPARTMENT?**

☐ YES

☐ NO

**EXPERIENCE:** Please provide information which you feel will enhance your abilities for the Commission to which you are applying. It is necessary to submit a resume, accompanying this application, detailing your past and current employment experience.

### **APPLICANT'S STATEMENT AND SIGNATURE**

**I CERTIFY** that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for Commission appointment as may be necessary in arriving at an appointment. I understand that this application is not, and is not intended to be, an assurance of appointment.

In the event of appointment, I understand that false or misleading information given in my application or interview(s) may result in my being discharged from the Commission. I also understand that I am required to abide by all rules and regulations of the City of Rialto relating to Commission procedures and protocol.

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**SIGNATURE**

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**DATE**

**RETURN TO:**  
**Rialto City Clerk's Office**  
**Mail: 150 S. Palm Ave., Rialto, CA 92376**  
**Address: 290 W. Rialto Ave., Rialto, CA 92376**